

Example EDI ASC X12N 005010X223A2 (837 Health Care Claim: Institutional, Addenda A2)

01:	ISA*00*□□□□□□□□□□*00*□□□□□□□□□□*ZZ*ENH9999□□□□□□□□*ZZ*80881□□□□□□□□□□*120816*1144*A*00501*000000031*1*P*:~	
02:	GS*HC*ENH9999*80881*20120816*1144*31*X*005010X223A2~	
03:	ST*837*0034*005010X223A2~	
04:	BHT*0019*00*3920394930203*20120814*1615*CH~	
05:	NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~	Loop 1000A: Submitter Name
06:	PER*IC*JANE DOE*TE*5555552222~	
07:	NM1*40*2*EDSCMS*****46*80881~	Loop 1000B: Receiver Name
08:	HL*1**20*1~	Hierarchical Loop 2000A: Billing Provider
09:	NM1*85*2*MERCY HOSPITAL*****XX*1299999999~	
10:	N3*876 MERCY DRIVE~	Loop 2010AA: Billing Provider Name
11:	N4*NORFOLK*VA*235089999~	
12:	REF*EI*344232321~	
13:	PER*IC*BETTY SMITH*TE*9195551111~	Hierarchical Loop 2000B: Subscriber
14:	HL*2*1*22*0~	
15:	SBR*S*18*XYZ1234567*****MA~	Loop 2010BA: Subscriber Name
16:	NM1*IL*1*DOUGH*MARY*****MI*672148306~	
17:	N3*1234 STATE DRIVE~	
18:	N4*NORFOLK*VA*235099999~	
19:	DMG*D8*19390807*F~	
20:	NM1*PR*2*EDSCMS*****PI*80881~	Loop 2010BB: Payee Name
21:	N3*7500 SECURITY BLVD~	
22:	N4*BALTIMORE*MD*212441850	
23:	REF*2U*H9999~	
24:	CLM*22350578967509876984536578798A*200.00***11:A:1**A*Y*Y~	
25:	DTP*096*TM*0958~	
26:	DTP*434*RD8*20120330-20120331~	
27:	DTP*435*D8*20120330~	Loop 2300: Claim Information. This loop "floats." In this example it's under Subscriber because Subscriber is also the Patient (patient hierarchical loop is omitted).
28:	CL1*2*9*01~	
29:	HI*BK:4280~	
30:	HI*BJ:4280~	
31:	HI*BF:25000~	
32:	HI*BR:3121:D8:20120330~	
33:	HI*BH:41:D8:20110501*BH:27:D8:20110715*BH:33:D8:20110718*BH:C2:D8:20110729~	
34:	HI*BE:30:::20~	
35:	HI*BG:01~	
36:	NM1*71*1*JONES*AMANDA*AL***XX*1005554104~	Loop 2310A: Attending Provider Name. A,B,C,D,F determined by NMO1: 71 => A.
37:	SBR*P*18*XYZ1234567*****16~	
38:	AMT*D*200.00~	Loop 2320: Other Subscriber Information
39:	OI***Y***Y~	
40:	NM1*IL*1*DOUGH*MARY*****MI*672148306~	Loop 2330A: Other Subscriber Name
41:	N3*1234 STATE DRIVE~	
42:	N4*NORFOLK*VA*235099999~	
43:	NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~	Loop 2330B: Other Payer Name
44:	N3*705 E HUGH ST~	
45:	N4*NORFOLK*VA*235049999~	
46:	REF*T4*Y~	
47:	LX*1~	Loop 2400: Service Line Number
48:	SV2*0300*HC:81099*200.00*UN*1~	
49:	DTP*472*D8*20120330~	
50:	SVD*H9999*200.00*HC:81099*0300*1~	Loop 2430: Line Adjudication Info
51:	DTP*573*D8*20120401~	
52:	SE*50*0034~	
53:	GE*1*31~	
54:	IEA*1*000000031~	

Top Structure of 837i Claim. (Segments not shown [except BHT]):

